

## **GREENWOOD COUNTY, SC**

## FREEDOM OF INFORMATION ACT REQUEST FORM

Date of Requ	uest:		PLEASE PRINT CLEARLY
Name:			
Street Address:			
City:Stat	e:	Zip Code:	
Email Address:			
Signature:			
Information Requested (please be a	s specific as p	ossible – <u>type or print</u>	clearly):
			_
PLEASE RETURN THE FORM TO	0:		
	GREENWO	OD COUNTY	
	onument Stree	County Manager t, Box P-103, Suite 102 od SC 29646	
	FOR OFFIC	CE USE ONLY	
Date FOIA Form Received:	Si	gnature of Employee Re	ceipt:
Date Receipt Response Due:	Da	te Response Provided t	o Requestor:
Document Search Assigned To:		Date of Assignm	ent:
<b>Date Documents Provided to Reque</b>	estor:		

As provided by South Carolina Code Annotated Section 30-4-30 c, the County will provide a response within fifteen days (excepting Saturdays, Sundays and legal public holidays) of the receipt of a Freedom of Information Act (FOIA) Request. However please note that we are not required to produce the requested documents within fifteen working days.